



ALABAMA BOARD OF COSMETOLOGY
RSA UNION BUILDING
P O Box 301750, Montgomery, AL 36130-1750
Phone: 334-242-1918; Toll Free: 1-800-815-7453; Fax: 334-242-1926
www.aboc.state.al.us

ON-LINE RENEWAL
AVAILABLE AT
www.aboc.state.al.us

APPLICATION FOR ESTABLISHMENT RENEWAL 2007 - 2009

- Renewal Fee: Salon -- \$100 School -- \$150 Cosmetic Studio -- \$100
- A Late Charge of \$25 Will be Assessed if Renewal is Received in Office After October 31st

Fee Enclosed: _____ Late Charge _____ Total _____
Money Order, Cashier's Check or Salon Check Only. No Personal Checks

Please Print

Salon/School/Studio: _____ License No. _____

Mailing Address if different from above (include city, state, and zip) _____ Phone with area code _____

Salon Owner's Name _____ Social Security # _____

Owner's Home Address: Street _____ City _____ Phone number _____

Salon Owner's Name _____ Social Security # _____

Owner's Home Address: Street _____ City _____ Phone number _____

Circle Regular Days Closed: M T W T F S S

Signature of Owner(s) _____ Date _____

- No License is Valid for a Period of More Than 2 Years
- Changes in Address, Ownership or Manager on Duty
Must be Immediately Reported to Board

Form SR2 Revised 5/07. Replaces all previous forms

ABOC USE ONLY

Pymt # _____
Type _____ Fee _____ Late Chg _____
Tot Fee _____ Date _____
Proc by _____ Date Ret _____
Notes _____